| | | tion to identify yo | ur case: | | | | | | |
|--|---|---|--------------------------|---|---|---|-------------------|-------------------------------|--|
| Debte | | Nicole D. Lu | | | | Chec | k if this is: | | |
| | | | | | | — | An amended filing | | |
| | ebtor 2 Ronald K. Lustica pouse, if filing) | | | | | A supplement showing postpetition chapter 13 expenses as of the following date: | | | |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA | | | | | | MM / DD / YYYY | | | |
| Case (If kn | | 3-11578 | | | | | | | |
| Of | ficial Fo | rm 106J | | | | | | | |
| Sc | hedule | J: Your l | Expen | ises | | | | 12/1 | |
| info num | rmation. If male in the mater (if know | ore space is ne n). Answer ever | eded, atta y question | If two married people ar ch another sheet to this n. | | | | | |
| Part 1. | Is this a joir | ribe Your House nt case? | nold | | | | | | |
| | □ No. Go to line 2. | | | | | | | | |
| | ■ Yes. Doe | s Debtor 2 live i | n a separ | ate household? | | | | | |
| | ■ N □ Y | - | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate Housel | <i>hold</i> of Debt | or 2. | | |
| 2. | Do you have | e dependents? | □ No | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | □ No | |
| | dependents | names. | | | Son | | 5 | Yes | |
| | | | | | Daughter | | 9 | □ No ■ Yes | |
| | | | | | | | | □ No | |
| | | | | | Son | | 14 | ■ Yes | |
| | | | | | | | | □ No | |
| 3. | expenses o | penses include f people other tl d your depende | nan nts? | No Yes | | | | ☐ Yes | |
| expe | mate your ex | | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | |
| the v | | h assistance an | | government assistance i luded it on <i>Schedule I:</i> Y | | | Your exp | enses | |
| 4. | | or home owners | | ses for your residence. In | nclude first mortgage | 4. \$ | | 1,474.00 | |
| | If not include | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 | |
| | 4b. Prope | rty, homeowner's | - | | | 4b. \$ | | 0.00 | |
| | | maintenance, re owner's associat | | ipkeep expenses | | 4c. \$ 4d. \$ | | 0.00 | |

5. \$

0.00

5. Additional mortgage payments for your residence, such as home equity loans

| Debtor Debtor | |). Lustica K. Lustica | Case number (if | known) | 18-11578 |
|------------------|------------------------|--|------------------------|--------|---|
| 6. Ut | ilities: | | | | |
| 6a | a. Electricity, | , heat, natural gas | 6a. \$ | | 130.00 |
| 6b | o. Water, sev | wer, garbage collection | 6b. \$ ⁻ | | 50.00 |
| 60 | . Telephone | e, cell phone, Internet, satellite, and cable services | 6c. \$ | | 250.00 |
| 60 | I. Other. Spe | ecify: | 6d. \$ | | 0.00 |
| 7. F c | od and hous | ekeeping supplies | | | 275.00 |
| | | children's education costs | 8. \$ | | 0.00 |
| 9. CI | othing, laund | lry, and dry cleaning | 9. \$ | | 75.00 |
| 10. P e | ersonal care p | products and services | 10. \$ | | 25.00 |
| 11. M e | edical and de | ntal expenses | 11. \$ | | 25.00 |
| 12. Tr | ansportation. | Include gas, maintenance, bus or train fare. | · = | | |
| Do | not include c | ar payments. | 12. \$ | | 80.00 |
| 13. Er | ntertainment, | clubs, recreation, newspapers, magazines, and books | 13. \$ _ | | 10.00 |
| 14. Cl | naritable cont | tributions and religious donations | 14. \$ | | 0.00 |
| - | surance. | | | | |
| | | nsurance deducted from your pay or included in lines 4 or 20. | ^ | | |
| | ia. Life insura | | 15a. \$ | | 0.00 |
| | b. Health ins | | 15b. \$ | | 0.00 |
| | ic. Vehicle in | | 15c. \$ | | 107.00 |
| | | urance. Specify: | 15d. \$ _ | | 0.00 |
| | | nclude taxes deducted from your pay or included in lines 4 or 20 | | | |
| | pecify: | | 16. \$ _ | | 0.00 |
| | | ease payments: ents for Vehicle 1 | 17a. \$ | | 0.00 |
| | | | · _ | | 0.00 |
| | | ents for Vehicle 2 | 17b. \$ | | 0.00 |
| | c. Other Spe | | 17c. \$ _ | | 0.00 |
| | d. Other. Spe | | 17d. \$ | | 0.00 |
| | | of alimony, maintenance, and support that you did not repoyour pay on line 5, Schedule I, Your Income (Official Form 1 | | | 0.00 |
| | | s you make to support others who do not live with you. | \$ | | 0.00 |
| | pecify: | o you make to cappert outlote time at not live than your | 19. | | 0.00 |
| | , | erty expenses not included in lines 4 or 5 of this form or on | | come. | |
| | | s on other property | 20a. \$ | | 0.00 |
| | b. Real estat | | 20b. \$ | | 0.00 |
| | | homeowner's, or renter's insurance | 20c. \$ | | 0.00 |
| | | nce, repair, and upkeep expenses | 20d. \$ | | 0.00 |
| | | ner's association or condominium dues | 20e. \$ | | 0.00 |
| | t her: Specify: | ior o abbolation of condominant acco | 21. +\$ | | 0.00 |
| 21. 0 | opecity. | | | | 0.00 |
| 22. C a | alculate your | monthly expenses | | | |
| | a. Add lines 4 | | \$ | | 2,501.00 |
| 22 | b. Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 10 | 6J-2 \$ | | _ |
| 22 | c. Add line 22 | a and 22b. The result is your monthly expenses. | \$ | | 2,501.00 |
| | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | monthly net income. | 22 4 | | |
| | | 12 (your combined monthly income) from Schedule I. | 23a. \$ _ | | 3,506.83 |
| 23 | b. Copy your | r monthly expenses from line 22c above. | 23b\$ _ | | 2,501.00 |
| 00 | 0 Cubina at | your monthly avanaged from your monthly in a | | | |
| 23 | | our monthly expenses from your monthly income. t is your <i>monthly net income</i> . | 23c. \$ | | 1,005.83 |
| | THE TESUIL | ns your monuny neumoonie. | | | , |
| 24. D o | o you expect a | an increase or decrease in your expenses within the year a | ter you file this forn | 1? | |
| Fo | r example, do yo | ou expect to finish paying for your car loan within the year or do you expeterms of your mortgage? | | | ase or decrease because of a |
| | No. | | | | |
| | | | | | |